



**Maricopa County Environmental Services Department
Environmental Health Division
Plan Review Application
1001 N. Central Ave. #300 Phoenix, AZ 85004 phone: (602)506-6980**

Follow all instructions below to ensure a complete application packet and to avoid delays in the review process.

SUBMIT (Please refer to the construction guideline for assistance.)

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review Fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

ENCLOSE THE FOLLOWING DOCUMENTS:

- ✓ Proposed menu (Including seasonal, off-site and catering menus).
- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- ✓ Manufacturer specification sheets (cut sheets) for each piece of equipment shown on the plan.
- ✓ Shop drawings of all custom-built equipment.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ Definitions of all existing equipment and finishes.
- ✓ Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).

No person shall commence construction unless the required plans have been approved. It shall be the full responsibility of said person that construction be in conformance with the approved plans and specifications.

If construction has begun prior to plan submittal to this Department, the applicant will be required to expedite their plans and pay all associated fees.

The approval of plans and specifications shall lapse and become invalid one year from the date of approval unless a substantial portion of the work described in the plans and specifications has commenced by such anniversary date. An approval of plans and specifications can be renewed for one year if an application for renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the initial plan review fee is paid. The approval will be effective for one year from the date of expiration.

Should it be necessary or desirable to make any material change in the approved plans and specifications, revised plans and specifications shall be submitted to the Department for review, and approval shall be obtained before the work affected by the change is undertaken.

For questions, please contact:

Environmental Health Division Plan Review Office
1001 N. Central Ave Phoenix, AZ 85004
Phone: (602) 506-6980
Fax: (602) 506-6862
www.maricopa.gov/envsvc

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ILLEGIBLE OR INCOMPLETE PLAN SUBMITTALS WILL BE REJECTED!

PROVIDE ALL REQUESTED INFORMATION BELOW (Please Print)

Business Name:

Business Address:

City:

Zip Code:

Business Phone:

Business Fax:

Business Owner Name (e.g. LLC, Corp, or Sole Proprietor):

Business Owner Address:

City:

State:

Zip Code:

Business Owner Phone:

Business Owner Fax:

Business Owner Email:

Billing Name:

Billing Address:

City:

State:

Zip Code:

Billing Phone:

Billing Fax:

Billing Email:

START DATE OF THE PROJECT:

PROJECTED COMPLETION DATE:

Please provide contact information for the plan review response letter

Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Preferred Method:

Email

Fax

U.S. Mail

Please provide the following information

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|-------------------------------------------------------------|--------------------------------|---------------|-----------|
| All Permit Types | | | | | | |
| Hours of Operation: | | | | | | |
| Type of Water Service (<i>circle one</i>): Municipal Well Other | | | | | | |
| Name of Water Service Provider / PWS #: | | | | | | |
| Type of Sewer Service (<i>circle one</i>): Municipal Septic System Other | | | | | | |
| Name of Sewer Service Provider / Permit #: | | | | | | |
| Food Service Permits | | | | | | |
| Menu Type (<i>circle up to 3</i>): American Hispanic Asian German Indian African Arabic Vegetarian Other | | | | | | |
| Type of Service (<i>circle one</i>): All Day Service Breakfast Only Lunch Only Dinner Only Breakfast & Lunch Lunch & Dinner 24 Hour Service Other | | | | | | |
| Seating Capacity: | | | | | | |
| Water Heater Capacity (ga.): | | | | Recovery Rate (ga./hr): | | |
| Do you provide an outdoor smoking patio? | | | | Yes | No | |
| Will there be any outdoor food or bar service? | | | | Yes | No | |
| Are there any doors or wall systems leading to the outside that are not self-closing? | | | | | | Yes No |
| Will you be conducting any of the following processes (<i>circle all that apply</i>)? | | | | | | |
| Vacuum Packaging | Canning or Jarring | Bare Hand Contact | Acidifying Foods | Smoking Meats | | |
| Public Accommodation Permits | | | | | | |
| Type of Operation (<i>circle one</i>): Hotel/Motel Boarding Home Bed & Breakfast Other | | | | | | |
| Number of Rooms/Units: | | | Do you provide patrons multiuse glassware? Yes No | | | |
| Do any rooms have kitchenettes which include reusable dishware? Yes No | | | | | | |
| Public School Ground Permits | | | | | | |
| Type of School (<i>circle one</i>): Public Charter Grade levels: | | | | | | |
| Population | Male Students: | | Female Students: | | Staff: | |
| Is food or other concession service provided on the grounds? | | | | | Yes | No |
| Pet Shop/Groomer Permits | | | | | | |
| Type of Operation (<i>circle one</i>): Pet Shop Pet Groomer | | | | | | |

Delivery of Inspection Reports

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By signing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address or by facsimile transmission to the following fax number. It is the responsibility of the permit holder to update the Department if there is a change in contact information.

| | |
|-----------------------|-------------------|
| Email Address: | |
| Fax Number: | Signature: |

I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.

| | | |
|------------------|---------------------|-------------|
| Signature | Printed Name | Date |
|------------------|---------------------|-------------|

NOTE: Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). Multiple construction inspections and a final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.

Office Use Only

Application Fees (*Fees are subject to change.*)

| Quantity | Application Type | Fee | As-Built | Expedite | Total Fee |
|----------|-------------------------------|----------------------------|----------|--------------------------|-----------|
| | Eating & Drinking 0-9 Seating | \$545 | \$545 | <input type="checkbox"/> | \$ |
| | All Other Food Establishments | \$615 | \$615 | <input type="checkbox"/> | \$ |
| | School Facility Food Service | \$480 | \$480 | <input type="checkbox"/> | \$ |
| | Public School Grounds | \$640 | \$640 | <input type="checkbox"/> | \$ |
| | Public Accommodation | \$680 | \$680 | <input type="checkbox"/> | \$ |
| | Pet Shop / Pet Groomer | \$520 | \$520 | <input type="checkbox"/> | \$ |
| | Plan Review Permit Extension | ½ Original plan review fee | | | \$ |

| | |
|-----------------------|-----------|
| Total Fees Due | \$ |
|-----------------------|-----------|

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|------------------------------|--------------------|-----------------------|
| Business Name: | | |
| Business Address: | | |
| Submittal Date: | | Site Location: |
| Plan Review District: | | |
| | | |
| Permit Number | Permit Type | Classification |
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